		MARTLAND STATE DEPARTMENT OF HEALTH								
92		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
0		08931 CERTIFICATE OF DEATH 08923								
	death.	1. DECEASED-NAME First Middle CONNOLLY 20. DATE OF DEATH DOY 1997 69 95								
	EA ST. E	3. SEX S. DATE OF BIRTH S. DATE OF BIRTH OS STATES OF ST								
•	d in brane of pers. Page 72 haurs al	7a. BIRTHPLACE (Stote or foreign country)  7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORCED ANNE								
	physician.  signed by the attending physician and completely filled in laburial-transit permit. Then please remove carbon papers. burial, crematian, ar remayal, and in any event, within 72 hc.	O CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life even if reviced)  12b. KIND OF BUSINESS OR during most of working life even if reviced in INDUSTRY  INDUSTRY								
	executed complete car any event.	13c. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)   STATE   13c. STREET AND NUMBER   13c. STREET AND NUMBE								
	ician and lease rem	14. FATHER'S NAME First Middle RODES IS. MOTHER'S MAIDEN NAME First Middle LYNCH								
	requires that the death certificate be glabysician. signed by the attending physician as burial-transit permit. Then please raburial, crematian, ar remaval, and in	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no of unkgown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT WELLET AM CONNOLLY REDGES OF MENTER OF THE PROPERTY OF THE PROPE								
	attending permit. The	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (b)  PROXIMATE INTERVAL  BETWEEN OBSET AND DEATH  APPROXIMATE INTERVAL  BETWEEN OBSET AND DEATH								
	t the death the attendir sit permit. nation, ar re	Conditions, if ony, which gave)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave)  (b) Un Tuing ellerosso and anews of the								
	physician physician signed by the burial-transit burial, cremati	rise to immediate couse (a), stating the underlying cause last.  OUE TO, OR AS A CONSEQUENCE OF Aorth (c)								
11	requir ng phy n sign e buri ta buri	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
7	IAN: The law retal or attending liftcate has been star use as the far use as the fixed the prior table.	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 700. AUTOPSY?  YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING AUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)								
	ital ar tificate d far us af Healt	210. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year   19   19   19   19   19   19   19   1								
	DING PHYSICIA I by the haspito After this certifia be detached for State Dept. of B	21d. INJURY OCCURRED While Not while of work 12. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. City or Tawn County Stote at work 12. City or Tawn County Stote 13. City or Tawn County Stote 14. City or Tawn County Stote 15. City or Tawn County Stote 16. City or Tawn C								
•	by there with the state of the	22a. I certify that (i) (this haspital) attended the deceased from 10c , 19 44 , ta, 19 24 , that (i) (we) I saw the deceased alive any 19 24 , and that in (my) (aur) apinian death accurred on the date and haur and from t causes, stated above, (i) (see) (did) (did not) view the bady after death.								
	OR ATTEN	22b. SIGNATURE DEGREE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS.								
	HOSPITAL OR ATTENIAGE 4 may be retained by FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22d. PHYSICIAN'S NAME (Type) Kurt Lederer, M.D.  22e. ADDRESS Queen Anne, Maryland 21657								
	Page 4 may 10 FUNERAL I director, page shauld be fill	230 BURIAL, CREMATION, 23b. DATE 28, 1969 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) CORDOVA TAL, MD.								
	VR A 514 30M REV 1/68	24 FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE UN 2 4 1969 JOHN 2								

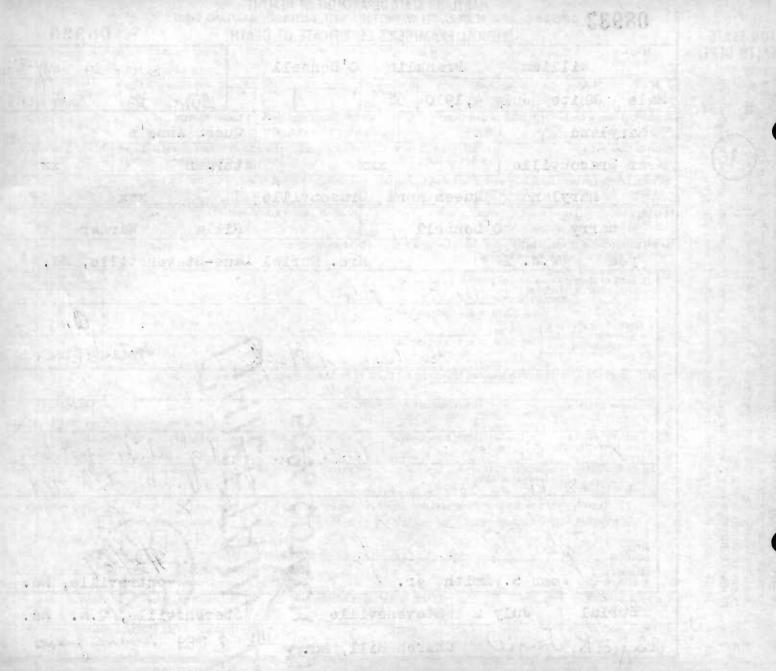
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ny delay	PM3. Page narrment of	13		ale White	July 4,1910	58 YRS.	MONTHS DAYS	HOURS MIN.	18the	- 20%	Year 19 69	111P.M
L'us	1 6			RTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MAR	RIED NEVER MAR		NTY OF DEATH			
				Maryland	USA				een An			Md
$\mathcal{F}/\mathcal{F}\mathcal{T}$ This certificate should be executed within 24 hours after death	the State	10	N	iy or town of death ear Grasonvi		xxx		during manage of	CUPATION (Kind of working life, ev	of work dane en if retired.)	12b. KIND OF BU	JSINESS OR
s after	e cernicate, writing the ward penaing in pentil in their to. 5No should be farwarded to the Chief Medical Examiner's Office along files.  3 shauld be used as a burial-transit permit. File pages land 2 with action, ar remaval, and in any event within 72 haurs after death.	7	13a. ad	JSUAL RESIDENCE (Where deceding mission) STATE Maryla	ard lived, if institution: Residence and the COUNTY Queen		or town 13d	NSIN CITY LIMITS?	13e. STREET AND	NUMBER XXX		
haur	Office I and 2 after	1	14. FA	THER'S NAME First Harry	Middle O'Donnel	Last	15. MOTHER'S MAIC		lla	Middle	mer	ost
n 24	niner's pages haurs	-	16a. V	AS DECEASED EVER IN U.S. ARMED			7. INFORMANT	1(1		DDRESS	mer.	
vithi	amir amir le pa 72 hc		(Ye		e was or dates of service)	M	irs. Mur	iel Lar			lle, Mo	1.
ed v	in J			1B. CAUSE OF DEATH (Enter or	nly ane cause per line for (a) (b) ED BY:	and (c).)	1 1	P			APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
ecut	penaing iief Medical insit permit. event withi			PART I. DEATH WAS CAUSE	IATE CAUSE (0) UCLIT	e B	lord	das	N			
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q p	Chiran-tran			rise to immediate cause (a), stating the underlying cause	(b) DUE TO, OR AS A CONSEQU	JENCE OF	araken	1 6		0 1	/	wy.
shou	te the certificate, writing the wafa pending in pergrege 4 should be farwarded to the Chief Medical Exaryour files.  Sage 3 should be used as a burial-transit permit. File crematian, ar remaval, and in any event within 72			last.	) (c) tz	arture	· of /	ack		Andr	maner	vs cv
V ag	as a l', and			PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED 1	O THE TEMMINAL DI	SEASE OR CONDITIO	GIVEN IN PART	1(0)		
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5	cernincare, lauld be fa es. shauld be u ian, ar ren		AL CE	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING		3	c. HOW INJURY OCC	URRED (Enter patur	e af injury in Par	t 1 or Port 2, It	em 18.)/	1
NEW NEW	shau files 3 sha atia		MEDICAL	CAUSE OF DEATH	PLACE OF INJURY (At home, form.	19 C	Y. LOCATION Street o	TRED NO.	City or Town	Mide	- fact	une
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10	necessary, please execute the funeral director. Page 5 may be retained for ye of the funeral Directors. Page 1991.		23a.	BURIAL, CREMATION, 23b		AME OF CEMETERY			LOCATION (City of			(State)
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	1	MARYLAND STATE DEPARTMENT OF HEALTH		
+		08934 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	08926	
funeral for and fer death.		DECEASED-NAME First Middle Lost 20. DATE OF DEATH June 28, 1969	Year 2b. HOUA. 8 A.M	
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within within	10.	city or town of death RFD  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  Chestertown  12a. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)  Retired State Road	12b. KIND OF BUSINESS OR INDUSTRY	
omplets	13a. adm	. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Kinissian) STATE Mary and 13b. COUNTY OLIGEN Anne Chestertown YES NO K	Ingstown	
be exe		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  Joseph Ryan Margaret Berger	Last	
rificote hysiciar n pleos vol, anc	160	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknawn)  (Il yes give war or dates of service)  219 36 6236  Mrs. Hazel Duff  RFD Chester  Mrs. Hazel Duff	rtown, Md.	
requires that the death certificate be executed with physician.  signed by the ottending physician and completely for buriol-transit permit. Then please remove carbon to buriol, cremation, or removal, and in any event, with		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED 8Y:  JMMEDIATE CAUSE (aArteriosclerotic cardiovascular disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SOVORAL	
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Ital or of fire the for us fee altif	MEDICAL CERT		m 18.)	
ATTENDING PHYSICIAN: stoined by the hospital or CTOR: After this certificate should be detached for uith the State Dept. of Heal	MED	Site of the restriction of the state of th	Caunty State	
ADING d by th After t d be de e State		22a. I certify that (I) (this haspital) attended the deceased from May 1958, ta 0/28, 1958, saw the deceased glive on 6/28, 1959, and that in (my) (our) applied death occurred on the date	ond hour ond from the	
ATTER retoine ECTOR: 8 should with th		causes stated abave, (1) (we) (did) (did nat) view the bady after death.	TE SIGNED .	
TAL OF AL DIR poge		DEGREE PHYS. MED. OF STAFF OF	28/69	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after Page 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fundirector, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 7 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after the property of the prior to burior.	230	D. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)	
VR A15 (4) 30M REV. (48)		BREMOVAL (Specify) 6/30/69 Chester Cemetery Chestertown, I down the control of th		
30M REV. 188		Hells Chestertown, Md May 2 1969 Charles	A Transfer	